

New Jersey Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name					Cost Plan	Demo Plan										Mail Order Offered
ATLANTIC	Aetna Medicare	Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
BERGEN	Aetna Medicare	Aetna Golden Medicare Select Plan	*						\$0.00	\$0.00			*	*			85	*
		Aetna Golden Medicare Basic Plan	*						\$0.00	-				*				
		Aetna Golden Medicare Value Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan w/Rx	*						\$30.00	\$30.00	*			*	*		85	*
		Aetna Golden Choice Standard Plan		*					\$60.00	\$32.25			*	*			85	*
		Aetna Golden Medicare Premier Plan	*						\$70.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Premier Plan		*					\$90.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
	Evercare Choice	Evercare Plan IH	*						\$28.56	\$28.56	*			*			97	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Signature	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Essential	*						\$0.00	-								
BURLINGTON	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-								
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*			*	*		85	*
		Aetna Golden Choice Value Plan		*					\$89.00	\$32.25			*	*			85	*
		Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
		Aetna Golden Choice Standard Plan		*					\$99.00	\$43.21	*			*	*		85	*
		Aetna Golden Medicare Premier Plan	*						\$99.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Premier Plan	*	*					\$149.00	\$58.95	*			*	*		97	*
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	*						\$75.00	-				*			97	*
		AmeriHealth 65 Plus Rx Option II	*						\$107.00	\$26.20	*			*			97	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
CAMDEN	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-				*			85	*
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*			*	*		85	*
		Aetna Golden Choice Value Plan		*					\$89.00	\$32.25			*	*			85	*
		Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
		Aetna Golden Choice Standard Plan		*					\$99.00	\$43.21	*			*	*		85	*
		Aetna Golden Medicare Premier Plan	*						\$99.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Premier Plan	*	*					\$149.00	\$58.95	*			*	*		97	*
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	*						\$75.00	-				*			97	*
		AmeriHealth 65 Plus Rx Option II	*						\$107.00	\$26.20	*			*			97	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan						Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																Mail Order Offered
CAPE MAY	Aetna Medicare	Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
CUMBERLAND	Aetna Medicare	Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	*						\$75.00									
		AmeriHealth 65 Plus Rx Option II	*						\$107.00	\$26.20	*			*			97	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
ESSEX	Aetna Medicare	Aetna Golden Medicare Select Plan	*						\$0.00	\$0.00			*	*			85	*
		Aetna Golden Medicare Basic Plan	*						\$0.00	-								
		Aetna Golden Medicare Value Plan	*						\$0.00	\$0.00	*			*	*		85	*
		Aetna Golden Medicare Standard Plan w/Rx	*						\$30.00	\$30.00	*			*	*		85	*
		Aetna Golden Choice Standard Plan		*					\$50.00	\$32.25			*	*			85	*
		Aetna Golden Medicare Premier Plan	*						\$75.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Premier Plan		*					\$90.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	*						\$15.82	\$15.82			*				80	
	Evercare Choice	Evercare Plan IH	*						\$28.56	\$28.56	*			*			97	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Signature	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Essential	*						\$0.00	-								
GLOUCESTER	Aetna Medicare	Aetna Golden Medicare Value Plan	*						\$0.00	-								
		Aetna Golden Medicare Basic Plan	*						\$0.00	\$0.00	*			*			85	*
		Aetna Golden Medicare Standard Plan	*						\$35.00	\$35.00	*			*	*		85	*
		Aetna Golden Choice Value Plan		*					\$89.00	\$32.25			*	*			85	*
		Aetna Golden Choice Regional Plan			*				\$99.00	\$32.25		*		*			85	*
		Aetna Golden Choice Standard Plan		*					\$99.00	\$43.21	*			*	*		85	*
		Aetna Golden Medicare Premier Plan	*						\$99.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Premier Plan		*					\$149.00	\$58.95	*			*	*		97	*
	AmeriHealth 65	AmeriHealth 65 Plus Medical Only	*						\$75.00	-								
		AmeriHealth 65 Plus Rx Option II	*						\$107.00	\$26.20	*			*			97	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*

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Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description									Cost			Coverage				Convenience		
			Type of Medicare Advantage Plan								Drug Deductible				Type of Additional Coverage Offered in Drug Coverage Gap			
County	Organization Name	Plan Name	HMO	Local PPO	Regional PPO	Private Fee-for-Service	Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Zero	Reduced	Standard (\$250)	Includes Tiered Copayments for Drugs	Generics Only	Generics and Brands	Number of Top 100 Drugs on Formulary	Mail Order Offered
HUDSON	Aetna Medicare	Aetna Golden Medicare Select Plan	•						\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	-			•	•				
		Aetna Golden Medicare Value Plan	•						\$0.00	\$0.00	•			•	•		85	•
		Aetna Golden Medicare Standard Plan w/Rx	•						\$30.00	\$30.00	•			•	•		85	•
		Aetna Golden Choice Standard Plar		•					\$50.00	\$32.25			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$75.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan		•					\$90.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
	AmeriChoice Personal Care Plus	AmeriChoice Personal Care Plus	•						\$15.82	\$15.82			•				80	
	Evercare Choice	Evercare Plan IH	•						\$28.56	\$28.56	•			•			97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Signature	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Essential	•						\$0.00	-								
HUNTERDON	Aetna Medicare	Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
	SecureHorizons Direct	SecureHorizons Direct Plan 5				•			\$45.00	-								
MERCER	Aetna Medicare	Aetna Golden Medicare Metro Value Plan	•						\$0.00	-								
		Aetna Golden Medicare Basic Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Metro Standard Plan	•						\$35.00	\$35.00	•			•	•		85	•
		Aetna Golden Choice Metro Value Plar		•					\$89.00	\$32.25			•	•			85	•
		Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
		Aetna Golden Choice Metro Standard Plan		•					\$99.00	\$43.21	•			•	•		85	•
		Aetna Golden Medicare Premier Plan	•						\$99.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan		•					\$149.00	\$58.95	•			•	•		97	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
MIDDLESEX	Aetna Medicare	Aetna Golden Choice Standard Plar		•					\$65.00	\$32.25			•	•			85	•
		Aetna Golden Choice Premier Plan		•					\$95.00	\$43.21	•			•	•		85	•
		Aetna Golden Choice Regional Plar			•				\$99.00	\$32.25		•		•			85	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
	Sterling Option I	Sterling Option I				•			\$9.00	-								

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Description									Cost					Coverage				Convenience
			Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
County	Organization Name	Plan Name																
MONMOUTH	Aetna Medicare	Aetna Golden Choice Standard Plar		*					\$65.00	\$32.25			*	*			85	*
		Aetna Golden Choice Premier Plan		*					\$95.00	\$43.21	*			*	*		85	*
		Aetna Golden Choice Regional Plar			*				\$99.00	\$32.25		*		*			85	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	*						\$0.00	\$0.00	*			*			97	*
	Sterling Option I	Sterling Option I				*			\$9.00	-								
	United HealthCare Insurance Company	Erickson Advantage No Rx					*		\$90.00	-								
		Erickson Advantage					*		\$132.00	\$41.81	*			*			97	*
MORRIS	Aetna Medicare	Aetna Golden Medicare Standard Plan w/Rx	*						\$50.00	\$32.25			*	*			85	*
		Aetna Golden Choice Standard Plar		*					\$65.00	\$32.25			*	*			85	*
		Aetna Golden Choice Premier Plan		*					\$95.00	\$43.21	*			*	*		85	*
		Aetna Golden Choice Regional Plar			*				\$99.00	\$32.25		*		*			85	*
	Evercare Choice	Evercare Plan IH	*						\$28.56	\$28.56	*			*			97	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	United HealthCare Insurance Company	Erickson Advantage No Rx					*		\$90.00	-								
		Erickson Advantage					*		\$132.00	\$41.81	*			*			97	*
OCEAN	Aetna Medicare	Aetna Golden Medicare Basic Plar	*						\$0.00					*	*		85	*
		Aetna Golden Medicare Value Plan	*						\$0.00	\$0.00	*			*	*		85	*
		Aetna Golden Medicare Standard Plan w/Rx	*						\$30.00	\$30.00	*			*	*		85	*
		Aetna Golden Choice Standard Plar		*					\$50.00	\$32.25			*	*			85	*
		Aetna Golden Medicare Premier Plan	*						\$75.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Premier Plan		*					\$90.00	\$58.95	*			*	*		97	*
		Aetna Golden Choice Regional Plar			*				\$99.00	\$32.25		*		*			85	*
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	*						\$0.00	\$0.00			*	*			95	*
		Horizon Medicare Blue	*						\$53.94	-								
		Horizon Medicare Blue Plus	*						\$83.58	\$29.64			*	*			95	*
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Signature	*						\$0.00	\$0.00	*			*			97	*
		Oxford Medicare Advantage Essential	*						\$0.00	-								
	Sterling Option I	Sterling Option I				*			\$9.00	-								

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			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands			
PASSAIC	Aetna Medicare	Aetna Golden Medicare Select Plan	•						\$0.00	\$0.00			•	•			85	•	
		Aetna Golden Medicare Basic Plan	•						\$0.00	-									
		Aetna Golden Medicare Value Plan	•						\$0.00	\$0.00	•			•	•		85	•	
		Aetna Golden Medicare Standard Plan w/Rx	•						\$30.00	\$30.00	•			•	•		85	•	
		Aetna Golden Choice Standard Plan		•					\$50.00	\$32.25			•	•			85	•	
		Aetna Golden Medicare Premier Plan	•						\$75.00	\$58.95	•			•	•		97	•	
		Aetna Golden Choice Premier Plan		•					\$90.00	\$58.95	•			•	•		97	•	
		Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•	
		AmeriChoice Personal Care Plus	•						\$15.82	\$15.82			•				80		
		Evercare Choice	•						\$28.56	\$28.56	•			•			97	•	
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•	
		Horizon Medicare Blue	•						\$53.94	-									
	SALEM	Oxford Health Plans (NJ), Inc.	Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
			Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
Aetna Medicare		Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•	
		AmeriHealth 65	•						\$75.00	-									
Aetna Medicare		AmeriHealth 65 Plus Medical Only	•						\$107.00	\$26.20	•			•			97	•	
		AmeriHealth 65 Plus Rx Option II	•						\$107.00	\$26.20	•			•			97	•	
Horizon Healthcare of New Jersey, Inc.		Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•	
		Horizon Medicare Blue	•						\$53.94	-									
SOMERSET		Sterling Option I	Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
			Sterling Option I				•			\$9.00	-								
		Aetna Medicare	Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
			Evercare Choice	•						\$28.56	\$28.56	•	•		•			97	•
		Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•
			Horizon Medicare Blue	•						\$53.94	-								
	SUSSEX	Aetna Medicare	Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
			Aetna Golden Medicare Standard Plan w/Rx	•						\$50.00	\$32.25			•	•			85	•
			Aetna Golden Choice Standard Plan		•					\$65.00	\$32.25			•	•			85	•
			Aetna Golden Choice Premier Plan		•					\$95.00	\$43.21	•			•	•		85	•
		Horizon Healthcare of New Jersey, Inc.	Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
			Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•
			Horizon Medicare Blue	•						\$53.94	-								
			Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•

New Jersey Medicare Advantage, Cost Plans, and Demonstrations

* The beneficiary total premium for Medicare Advantage, Cost Plans and Demonstrations covers Medicare medical and hospital benefits, and prescription drug benefits and supplemental benefits, where offered. The beneficiary drug premium is the portion of the total premium that covers prescription drugs only; plan premiums vary for these benefits.

Beneficiaries generally are also responsible for the Part B premium.

Dashes (-) indicate Medicare Advantage only plans (no Part D drug coverage).

Includes contracts/plans approved as of October 10, 2005. The data does not reflect PACE organizations, employer sponsored plans, or HCCP Cost Plans.

Description										Cost				Coverage				Convenience
County	Organization Name	Plan Name	Type of Medicare Advantage Plan				Cost Plan	Demo Plan	Beneficiary Total Premium* (Including Drug Premium)	Beneficiary Drug Premium*	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Drug Coverage Gap		Number of Top 100 Drugs on Formulary	Mail Order Offered
			HMO	Local PPO	Regional PPO	Private Fee-for-Service					Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
UNION	Aetna Medicare	Aetna Golden Medicare Select Plan	•						\$0.00	\$0.00			•	•			85	•
		Aetna Golden Medicare Basic Plan	•						\$0.00	-								
		Aetna Golden Medicare Value Plan	•						\$0.00	\$0.00	•			•			85	•
		Aetna Golden Medicare Standard Plan w/Rx	•						\$30.00	\$30.00	•			•	•		85	•
		Aetna Golden Choice Standard Plan		•					\$60.00	\$32.25			•	•			85	•
		Aetna Golden Medicare Premier Plan	•						\$70.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Premier Plan		•					\$90.00	\$58.95	•			•	•		97	•
		Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
		AmeriChoice Personal Care Plus	•						\$15.82	\$15.82			•				80	
	Evercare Choice	Evercare Plan IH	•						\$28.56	\$28.56	•			•			97	•
		Horizon Healthcare of New Jersey, Inc.	•						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•
	Oxford Health Plans (NJ), Inc.	Oxford Medicare Advantage Balance	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Signature	•						\$0.00	\$0.00	•			•			97	•
		Oxford Medicare Advantage Essential	•						\$0.00	-								
WARREN	Aetna Medicare	Aetna Golden Choice Regional Plan			•				\$99.00	\$32.25		•		•			85	•
	Horizon Healthcare of New Jersey, Inc.	Horizon Medicare Value Plus	•						\$0.00	\$0.00			•	•			95	•
		Horizon Medicare Blue	•						\$53.94	-								
		Horizon Medicare Blue Plus	•						\$83.58	\$29.64			•	•			95	•